

Kansas State Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612
Phone: 785-296-4056
Fax: 785-296-8420
www.kansas.gov/pharmacy

**APPLICATION FOR REGISTRATION
NON PRESCRIPTION (OTC) DRUGS**

APPLICANT INSTRUCTIONS

Basic Requirements: Requirements for registration are outlined in the Kansas Pharmacy Act, specifically K.S.A. 65-1645, K.S.A. 65-1655, K.A.R. 68-14-1 through K.A.R. 68-14-8. Statutes and Regulations can be found at www.kansas.gov/pharmacy.

About the Application. This application is to be completed by you and returned to the Kansas State Board of Pharmacy. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Be sure to keep a copy of the completed application for your records.

Application good for One Year. Your application will be kept on file for one year from date of receipt. You will need to resubmit a renewal form and fee after that time.

Applicant Checklist

For registration approval and changes to existing registrations, you must submit in one complete package:

_____ **Completed application with the non-refundable application-processing fee.**

_____ **A copy of the current pharmacy license issued by the state of residence.**

_____ **Ownership List and Information.**

_____ **A copy of the most recent report of inspection conducted within the past two years by the Board of Pharmacy of the state of residence.**

Return your completed application packet and all supporting documents to:

Kansas State Board of Pharmacy
800 SW Jackson, Ste. 1414
Topeka, KS 66612

FEE \$ 40.00

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON ROOM 1414
TOPEKA KS 66612
(785) 296-4056
FAX (785) 296-8420

FOR OFFICE USE ONLY

REG NO. _____

DATE _____

Check# _____ \$ _____

APPLICATION FOR **NON PRESCRIPTION (OTC)** DRUG DISTRIBUTOR/WHOLESALE REGISTRATION

This application is being made for the following reason: (Check all that apply) Effective Date _____

_____ Original _____ Change of Address _____ Change of ownership _____ Change of business name

If a Change of Address: Previous License Number or Name (if applicable) _____

Or Previous Address _____

The owner hereby makes application as follows:

NAME OF OWNER _____ FEIN _____

ADDRESS OF OWNER _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

Type of ownership (Check one):

_____ **INDIVIDUAL**

_____ **PARTNERSHIP** Attach additional listing of each partner's name, address of record and % ownership.

_____ **CORPORATION** Attach additional listing of officer's name, title, address of record and % ownership.

_____ **LLC** Attach additional listing of members. Include name, title, address of record and % ownership.

_____ **OTHER** Indicate type: _____

The owner makes application for registration to distribute nonprescription, noncontrolled drugs in the State of Kansas under the name of and at the location as follows:

NAME OF DISTRIBUTOR/BUSINESS NAME _____

PHYSICAL ADDRESS OF DISTRIBUTOR _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE _____ FAX _____ E-MAIL _____

MAILING ADDRESS IF DIFFERENT THAN PHYSICAL LOCATION FOR RENEWAL INFORMATION _____

CITY _____ STATE _____ ZIP _____

The owner names the following person as the contact agent/authorized representative to do business with the State of Kansas on the owner's behalf:

NAME OF CONTACT AGENT/AUTHORIZED REPRESENTATIVE

TITLE

TELEPHONE

FAX

E-MAIL

Hours of Operation: _____

QUESTIONS

- 1) Has the applicant or any of the applicant's employees or associates had a disciplinary action taken by the federal or state government of any license(s) held by any employee or associate? _____ Yes _____ No
- 2) Has the applicant or any of the applicant's employees or associates ever been convicted of a felony? _____ Yes _____ No
- 3) Is any action pending on any of the above? _____ Yes _____ No

OWNER/CORPORATE PORTION

I, _____, solemnly swear (or affirm) under the penalties of perjury, that I am the person authorized to sign this application for registration and that the statements and representations made in the foregoing application and all attachments are true and correct to the best of my knowledge and understands that this registration, if issued, will expire ANNUALLY on the 30th day of June and such registration will be cancelled if not renewed ANNUALLY by the 31st day of July.

SIGNATURE OF OWNER/OFFICER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20_____.

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC